



Public Health Bulletin

Department of Health and Human Services

Volume 1, Issue 6

Data for June 1998

The mission of the City of Long Beach Department of Health and Human Services is to improve the quality of life of the citizens of Long Beach by addressing the public health and human service needs ensuring that the conditions affecting the public's health afford a healthy environment in which to live, work and play.

Department Management Team

Diana M. Bontá, R.N., Dr.P.H.
Director

Darryl M. Sexton, M. D.
Health Officer

Michael Johnson
Administrative Officer

Ron Arias
Public Health Bureau Manager

Don Cillay
Environmental Health Bureau Manager

Angela Coron
Human and Social Services Bureau Manager

Roger Hatakeyama
Animal Control Bureau Manager

David M. Souleles
Preventive Health Bureau Manager

Tuberculosis and Directly Observed Therapy (DOT)

Tuberculosis (TB) is an infectious disease caused by *Mycobacterium tuberculosis*. In approximately 85% of the cases, TB attacks the lungs, although TB can affect almost any other part of the body.

TB can be in an active or inactive stage. People with active TB of the lungs can discharge the TB germ into the air by the act of coughing, singing, or sneezing. If environmental conditions are right, others can become infected when they breathe the air shared by a person with active TB of the lungs.

People with active TB of the lungs usually have a positive skin test, abnormal chest X-ray and positive sputum bacteriological results. People with inactive TB usually only have a positive skin test.

A person who has inactive TB may be prescribed preventive therapy of Isoniazid (INH) for six months to one year. INH slowly kills the bacteria over time so TB does not break out and develop into active disease later in life. Persons with inactive TB have a 10% chance of developing active disease over the course of their lifetime if they do not take preventive therapy. A person with active TB requires treatment with multiple drugs to achieve a cure.

In 1997 there were 100 cases of TB in Long Beach, a decline from the 148 cases in 1993. However, TB remains a public health threat in Long Beach. The high number of TB cases may be attributed to the following factors:

1. the association of TB with the HIV epidemic
2. immigration from countries where TB is common
3. the transmission of TB in congregate settings (e.g., residential facilities and nursing homes)
4. changes in the health care infrastructure and funding

Approximately one-fourth of patients who start treatment do not complete the recommended regimen, thus increasing the risk of developing active disease and complications from TB. When patients do not adhere to their TB therapy, they can again become infectious and create a threat to public health.

Noncompliance and recent occurrences of multidrug-resistant TB, have influenced the need for new treatment modalities, one of which is Directly Observed Therapy (DOT). The purpose of DOT is to ensure that all patients with active TB complete therapy and

(Continued on page 2)

Table of Contents

Tuberculosis and Direct Observed Therapy (DOT)	1
Communicable Disease Data	2
FAQs About Lice	2
AIDS Surveillance Program Data	3
Health Care Providers Reporting Responsibilities	4

Communicable Disease Report

Selected Reportable Diseases for the City of Long Beach

Disease	June 1998	June 1997	YTD 1998	YTD 1997
AIDS	13	22	93	104
AMEBIASIS	1	2	6	7
CAMPYLOBACTERIOSIS	6	14	28	41
CHLAMYDIAL INFECTIONS	109	115	780	692
GIARDIASIS	9	8	29	27
GONORRHEA	54	41	271	226
H. INFLUENZAE	0	0	3	4
HEPATITIS A	5	8	27	59
HEPATITIS B, acute	0	0	7	6
HEPATITIS C, acute	0	0	0	0
MEASLES	0	0	0	0
MENINGITIS, viral (aseptic)	11	2	34	12
MENINGOCOCCAL INFECTIONS	0	2	1	4
NON-GONOCOCCAL URETHRITIS (NGU)	17	30	108	119
PERTUSSIS	0	2	0	2
RUBELLA	0	0	0	0
SALMONELLOSIS	5	8	21	36
SHIGELLOSIS	3	5	16	21
SYPHILIS, primary and secondary	1	1	8	15
SYPHILIS, early latent (<1 year)	3	0	8	6
TUBERCULOSIS	8	9	28	56

Tuberculosis and Directly Observed Therapy *(continued from page 1)*

achieve a cure.

Patients on therapy may become complacent to taking multiple medications for six to twelve months. After a few weeks of therapy, patients may feel relieved of TB symptoms which include fatigue, loss of appetite, sweat and cough. Patients may be tempted to stop taking the medication, however, it takes several months to kill the TB bacilli in the body.

DOT requires that a health care worker observe the TB patient take each dose of their medicines. DOT also allows for monitoring a patient's progress until the TB bacterium is killed and a cure is achieved. DOT is cost effective and produces high cure rates. DOT should be a more widely used practice worldwide and in the United States by local health departments to control the spread of TB.

The Health Department currently provides DOT

FAQs About Head Lice

The Head Louse - What Is It?

A head louse is an insect that lives on the human scalp and feeds on blood. While feeding, lice inject saliva into the skin which causes itching.

Who Gets Head Lice?

Anyone can get head lice, but they are most common on young school-age children.

How is Head Lice Transmitted?

Head lice is transmitted through:

- ✓ Direct contact with an infested person or stray hairs that have nits
- ✓ Personal items like combs, brushes, and towels
- ✓ Clothing such as hats and ribbons

How Do I Know If It's Head Lice?

It's hard to see head lice, but you can recognize these signs:

- ✓ Frequent itching of the scalp
- ✓ Nits on the hair - small, silvery oval objects attached to side of individual hairs
- ✓ Fecal specks on the collar
- ✓ In severe cases, swollen lymph glands in the neck or under arms

How Do I Get Rid of Lice?

Destroy the eggs! Purchase a non-prescription medication such as NIX™ or Rid™ and carefully follow all directions for use. Remove nits with a specially made fine-tooth comb.

How Do I Keep Them From Coming Back?

Clean all articles that might still have lice or nits.

- ✓ Vacuum furniture, rugs, and floors
- ✓ Dry clean or wash bed linens and clothing in hot water
- ✓ Disinfect combs and brushes with the medicated shampoo
- ✓ Use a lice control insecticide on upholstery, carpets and other areas where lice can linger

Prevent the Spread!

- ✓ Do not use personal items belonging to others
- ✓ Avoid hanging hats and coats on the same hook with others' clothing
- ✓ Learn to recognize signs of lice and treat promptly when found

Health Department Phone Numbers

General Information
(562) 570-4000
www.ci.long-beach.ca.us/health

Animal Control Shelter
(562) 570-7387

Early Intervention Program/
HIV Testing/STD Clinic
(562) 570-4315

Environmental Health
(562) 570-4132

Family Preservation Program
(562) 570-1260

Immunizations/Walk-In Clinic
(562) 570-4222

Prenatal Clinic
(562) 570-4217

Senior Center
(562) 570-3531

Tobacco Education Program
(562) 570-8508

WIC Program
(562) 570-4242

The Public Health Bulletin is published as a public health service to interested City of Long Beach residents by the Department of Health and Human Services
2525 Grand Avenue
Long Beach, CA 90815
(562) 570-4000
www.ci.long-beach.ca.us/health

To be added or removed from the mailing list, please contact Meredith Delaney at (562) 570-4298 or email medelan@ci.long-beach.ca.us.

This information is available in an alternative format.

Data contained in this publication are considered provisional due to reporting delays.

AIDS Surveillance Program Data

City of Long Beach Data as of June 30, 1998

3,353 Total Long Beach City AIDS Cases	(2,090 deceased - 62% Mortality Rate)
3,344 Adult Cases	(2,085 deceased - 62% Mortality Rate)
9 Pediatric Cases	(5 deceased - 56% Mortality Rate)

AIDS Cases by Gender		
	#	%
Male	3,183	95
Female	170	5

AIDS Cases by Race/Ethnicity		
	#	%
White, Not Hispanic	2,182	65
Black, Not Hispanic	544	16
Hispanic	563	17
Asian/Pacific Islander	49	1
American Indian/Alaskan	8	<1
Unknown	7	<1

AIDS Cases by Exposure Category		
	#	%
Male-to-Male Contact	2,589	77
Intravenous Drug Use	275	8
Male-to Male Contact and Intravenous Drug Use	261	8
Heterosexual Contact	107	3
Recipient of Blood/Blood Products Transfusion	26	<1
Hemophilia/Coagulation Disorder	12	<1
Mother at Risk (Perinatal Exposure)	8	<1
Risk Not Reported/Other	74	2

Updates from the 12th World AIDS Conference

The Courtyard by Marriot
500 E. First Street, Long Beach

Wednesday, July 15, 6-9 PM

Dr. Charles Farthing

An expert physician in the field of HIV/AIDS will present detailed, cutting-edge information.

Thursday, July 23, 6-9 PM

Dr. Judith Currier & Dr. Mark Katz

These well-known presenters will share their knowledge of the latest HIV research in an informal roundtable

Please RSVP to Terese Campbell at (562) 570-4322.



HE 1207-98

City of Long Beach
Department of Health and Human Services
2525 Grand Avenue, Room 201
Long Beach, CA 90815

Public Health Bulletin

Attention Health Care Providers

The California Code of Regulations, Title 17, Section 2500, requires the report of communicable diseases and conditions. To report a case of a communicable disease, contact the City of Long Beach Department of Health and Human Services Epidemiology Program at 562-570-4302 or by fax at 562-570-4374.

Reportable Communicable Diseases

AIDS
Amebiasis
Anisakiasis
Anthrax
Babesiosis
Botulism
Brucellosis
Campylobacteriosis
Chancroid
Chlamydial Infections
Cholera
Ciguatera Fish Poisoning
Coccidioidomycosis
Colorado Tick Fever
Conjunctivitis, Acute Infectious of the Newborn
Cryptosporidiosis

Cysticercosis
Dengue
Diarrhea of the Newborn (Outbreaks)
Diphtheria
Domoic Acid Poisoning
Echinococcosis
Ehrlichiosis
Encephalitis
Escherichia coli O157:H7
Foodborne Disease [†]
Giardiasis
Gonococcal Infections
Haemophilus Influenzae
Hantavirus Infections
Hemolytic Uremic Syndrome
Hepatitis, Viral
Kawasaki Syndrome
Legionellosis

Leprosy
Leptospirosis
Listeriosis
Lyme Disease
Lymphocytic Choriomeningitis
Malaria
Measles
Meningitis
Meningococcal Infections
Mumps
Non-Gonococcal Urethritis
Paralytic Shellfish Poisoning
Pelvic Inflammatory Disease
Pertussis (Whooping Cough)
Plague, Human or Animal
Poliomyelitis, Paralytic
Psittacosis
Q Fever

Rabies, Human or Animal
Relapsing Fever
Reye Syndrome
Rheumatic Fever, Acute
Rocky Mountain Spotted Fever
Rubella
Rubella Syndrome, Congenital
Salmonellosis
Scombroid Fish Poisoning
Shigellosis
Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
Swimmer's Itch
Syphilis
Tetanus
Toxic Shock Syndrome
Toxoplasmosis
Trichinosis

Tuberculosis
Tularemia
Typhoid Fever (Cases and Carriers)
Typhus Fever
Vibrio Infections
Viral Hemorrhagic Fevers
Water-associated Disease
Yellow Fever
Yersiniosis
OCCURRENCE of ANY UNUSUAL DISEASE
OUTBREAKS of ANY DISEASE
Reportable Noncommunicable Diseases/Conditions
Alzheimer's Disease
Cancer
Disorders Characterized by Lapses of Consciousness

= Report by FAX, telephone, or mail within one (1) working day of identification.

[†] = Report immediately by telephone when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness.

= Report immediately by telephone.
All other diseases/conditions should be reported by FAX, telephone, or mail within seven (7) calendar days of identification.